BOSTON MEDICAL
AUG 3 1886
LIBRARY

Southern Medical Record.

EDITORS:

THOMAS S. POWELL, M.D. R. C. WORD, M.D.

R. C. WORD, M.D., Managing Editor.

☞All Communications and Letters on Business connected with the RECORD must be addressed to the Managing Editor.

VOL. XV. ATLANTA, GA., MAY 20, 1885. No. 5.

ORIGINAL AND SELECTED ARTICLES.

TREATMENT OF A CASE OF CEREBRO-SPINAL MENINGITIS.

By J. McF. GASTON, M.D.,

Professor of Principles and Practice of Surgery in the SOUTHERN MEDICAL COLLEGE, Atlanta, Georgia.

On the 18th of April, 1885, I was called out some five miles on the McDonough road to the house of Mr. —— Bowers, to attend the little son of Mr. T. C. McLendon, called Lester, and three and a half years old. There was great heat of the head, with flushed face and dilatation of the pupils, while the general surface of the body and the lower extremities were not above the natural warmth, and there was a mottled appearance of the skin. The mother stated that there had been, previously, red splotches over the surface, which had disappeared under the use of warmth and moisture, with a sheet wrapped about his body, under the direction of a water-cure adviser who had been called in to see the case. The pulse was 100 beats to the minute and full, with marked tension and regularity. There was writhing of the body, with repeated sharp outcries, without consciousness of what was said to him, and without any articulate expression at any time during the hour spent with him. He had been sick for two days previously.

The unrest and tossing of his arms and legs, with a fixed stare

of the eyes, accompanied by the entire want of mental perception, indicated one of the forms of cerebro-spinal meningitis; and, accordingly, I entered upon a mode of treatment which seemed to promise better results than has usually attended the therapeutic measures in this very grave affection. Viewing this disease, in its outset, as connected with an impairment of the nerve-centers, dependent upon derangement of the biliary function, and partaking of the nature of pernicious congestive disorders, the correctives used were as follows:

The little patient was placed in a tub of warm water, with a blanket wrapped around his shoulders and extending over the tub so as to keep in the warm vapor, hot water being added when the temperature diminished. A handful of powdered mustard seed was added to the water at the outset. Cold water was applied, with cloths, to his head during the entire half hour that he remained in the warm bath. In the meantime he was given a powder of the following prescription:

℞ Sulphate of quinine, } aa.....grs xii.
Saccharated calomel }

Divided in 4 powders; one to be taken every two hours.

Diet of chicken water.

It was only by prizing his mouth open with a large spoon, and passing the medicine into his throat in a teaspoon, that it could be given then or subsequently during the day. A mustard plaster was applied along the spine.

There was a partial restoration of the equilibrium of the circulation from the application of warmth to the body and cold to the head; which latter was directed to be kept up constantly by cloths wrung out of the cold water.

After taking the powders, direction was given for him to take the following:

℞ Salicylate of soda.....ʒ j
Fluid extract of jaborandi, } aa.....ʒ j.
Syrup of orange peel, }

Take a small teaspoonful every two hours.

The verbal instruction to mix it with a tablespoonful of water not being observed, the medicine was rejected by the stomach each time that it was thus forced down by the leverage of a large spoon as above-mentioned.

April 19th.—The combination of calomel and quinine had produced two evacuations from the bowels, heat of head lessened, and some return of consciousness, with a pulse of ninety to the minute, full and tense, with pupils still dilated.

There were some petechial spots near the knees, and well-defined retraction of the head.

The tongue was considerably coated, and there was evident thirst, as he now spoke in an incoherent manner, asking for water, but rarely swallowed any when put to his mouth.

The prescription of quinine and calomel was repeated and given as on the previous day, with directions to resume the other medicine after finishing the powders, diluting it with water.

April 20th.—The symptoms had undergone a complete change and there was no longer any undue determination to the head, while the pulse counted 110 to the minute, without that tension previously observed. The warmth of the surface was somewhat more than natural, corresponding, however, to that of the head and face. The bowels had been moved again after taking the calomel and quinine. The stomach had not rejected the salicylate of soda and jaborandi mixture when diluted, and this was continued every 2 hours.

April 21st.—The moderate reaction of yesterday had given way to a state of prostration, and the little patient lay in a semi-comatose condition with his mouth partially open, and upon raising the eyelids, which were closed, the pupils were found contracted to less than the normal size. He was ordered a whisky toddy, and, upon being raised by his father to drink it, a striking and extraordinary dilatation of the pupils occurred, manifesting the lack of a controlling nerve element in this contrast within such a brief space of time. The warmth of the surface was now below the natural state, extending throughout every part, and even to his face and ears.

The pulse was 130 to the minute, and without resistance upon pressure. There were scarcely any traces left of the ecchymosed spots, and the opisthotonos had diminished very much.

He passed urine in the bed, without asking to be taken up, as he had done on the previous day upon desiring to make water.

He was ordered a tablespoonful every two hours of a solution of carbonate of ammonia, containing 20 grains to the ounce of water, and to take a tablespoonful of whisky in the interval made into punch with fresh sweet milk, with mustard plasters to his extremities.

April 22d.—The tendency to collapse seemed to be arrested, and his mental condition had improved, so that he drank the milk punch and took his medicine without making resistance.

The pulse was 120 to the minute, with more tone, and the natural warmth had returned to the surface, while the tongue was

clean and moist. He was given 1½ grains of quinine every four hours, continuing the carbonate of ammonia and milk punch. The bowels had moved and urine was passed in the bed, without asking to be taken up. Poultice with Peruvian bark applied to the abdomen.

April 23d.—The patient had evidently improved in all respects, and though the pulse was 125 to the minute, it was not so feeble as for the past two days. He was directed to take a teaspoonful of Colden's liquid beef tonic every four hours, and continue with the carbonate ammonia and milk punch in the intervals. The poultice with Peruvian bark was replaced by a flannel with spirits turpentine and camphor to the bowels.

On the 24th he was not seen, and on the 25th it was found that his bowels had been too frequently moved, with mucous discharges and considerable tympanitis. The pulse was 120 to the minute, and the tongue free from any coating, but somewhat redder and dryer than natural. He was ordered the following mixture:

℞ Spts. turpentine.....fl. ʒ j
Carbonate of ammonia..... ʒ j
Elixir of paregoric.....fl ʒ ij
Camphor water, } aa.....fl. ℥ iij.
Mucilage of acacia, }

Mix and take half a tablespoonful every two hours.

Stop the beef extract, and make the whiskey punch with boiled milk, to be given after each dose of the medicine. Continue the application of spirits of turpentine and camphor to the bowels.

April 26th.—Discharges of mucous from the bowels frequent, and some tympanitis, with pulse of 140 to the minute, with tongue smooth and red, but not dry. His consciousness has returned, and he takes notice of what passes or what is said to him, protruding his tongue, etc.

In addition to the medication of yesterday the following is taken without coercion:

℞ Sulphate of quinine.....grs. xij
Acetate of lead.....grs. vj
Tannin.....grs. iv
Opium.....grs. ij.

Mix and divide into 12 powders.

Take one powder at intervals of 2, 3 or 4 hours, according to the frequency of the discharges from the bowels.

Apply a red-oak poultice to the bowels constantly, after rubbing the surface with the camphorated spirits of turpentine.

Whatever may be the final result of this case, it is evident that the symptoms indicative of the cerebro-spinal trouble were controlled by the use of the combination of calomel and quinine, followed by the salicylate of soda and fluid extract of jaborandi, and the subsequent intestinal irritation and tendency to a typhoid form of fever may be regarded as an accidental development and not as a sequel or consequence of either the disease or the treatment instituted. None of the ordinary results of aggravated cases, such as deafness or impairment of vision, connected with cerebral effusions, have occurred after the lapse of ten days since the access of the disease, whereas it has not generally been observed that intestinal troubles are a sequence of it.

April 27th.—Found that the irritation of the bowels had ceased after the second dose of the astringent powders, when, according to directions, they were suspended; and there had been no occasion to resume this class of remedies up to the hour of my visit late in the afternoon. The red-oak bark poultice was also discontinued, with directions to keep a flannel roller with camphorated turpentine around the abdomen. There is no longer any tympanitis; the tongue is not so slick and red as on yesterday; pulse 125 to the minute, and the previous night and this morning have been passed in a quiet state, most probably the result of the opiates.

The terebinthinate mixture was continued, alternating with one grain doses of quinine every 2 hours, and the milk punch to be taken after each regularly.

Although he still has some stiffness of the neck, the head is not drawn backwards as formerly, and while he sleeps frequently, it is not of a comatose nature, so that his condition is more promising to-day.

April 28th.—The night was passed in a restless state, and during the day he has manifested some agitation, but not accompanied with febrile disturbance. The pulse is 125 beats. The bowels have been moved twice only within 36 hours, and indicating less irritation in the character of the discharges. There is no tympanitis, and the tongue is moist, with some slight coating over the surface. Gave 5 grains of hydrate of chloral, with directions to repeat the same hourly for 3 times if requisite, and should quiet not be secured within 2 hours afterwards, to give ¼ grain of morphine. Continue the terebinthinate mixture and quinine, with the milk punches.

Notwithstanding that the stiffness of the neck continues to some extent, there is no indication of the impediment of hearing, nor of the inflammatory affection of either eye, as has often occurred in

cases of meningitis. The intellectual faculties have not suffered any detriment from the disease.

April 29th.—Three doses of the solution of chloral were given last night without securing composure, and only after ¼ grain of sulphate of morphine did the patient sleep. After resting for three hours he roused up and was again giving signs of restlessness when I visited him at 2 o'clock p. m., so that the chloral was resumed with instruction to give it every 2 hours, and if he did not get quiet before midnight to repeat the morphine. The pulse was 130 to the minute, temperature 101°; the bowels had been moved only once, and that slightly; the pupils appeared normal, the tongue natural, and he manifested no mental disturbance, but had little disposition to take his milk punch. The terebinthinate preparation alternated with 1 grain of quinine, so that each should be taken every four hours, had been given regularly and was ordered to be continued, with the application of camphorated spirits of turpentine to his spine and back of his neck. The stiffness of the neck, with slight retraction of the head, has not entirely disappeared, but there are no other evidences of the local effects of the cerebro-spinal meningitis perceptible at present.

April 30.—The chloral was given repeatedly, with only partial composure, but the morphine was not given, and at the hour of my visit at 1 o'clock p. m. he was kicking and throwing his arms about with anxious outcries from time to time.

Dr. K. C. Divine saw the patient in consultation with me to-day, and, with a view to test his perception, repeated an experiment I had made in lighting a match to look at his tongue, when the little fellow put his lips together, and blew at it several times, while it was held at a distance, until he succeeded in extinguishing the light. This was repeated until we were satisfied that it was intentional. The pulse to-day is 130 beats to the minute; temperature, 100°; tongue clean; bowels have been twice moved, and he took one of the astringent powders. We stopped the chloral and directed morphine at night. Take 1 gr. quinine 3 times a day and continue the turpentine internally and externally. Milk punch and soft eggs to be given frequently, day and night.

May 1st.—I was called early this morning to visit the patient, with the statement that he passed a restless night, notwithstanding that the ¼ grain of morphine was given every four hours until three doses were taken. This quantity in a child of three and a half years was expected to be sufficient to induce a profound sleep, yet its effect was only shown by itching of the nose, and the inference is that the action of morphine is not suited to the case,

so that other agents for calming the excitement must be used in the future.

Observing, from a small, ash-colored, fæcal evacuation, that there was a want of biliary discharge, I gave at once, upon arrival, 3 grains of saccharated calomel, with instructions to repeat the dose every four hours until the color of bile appeared in the passages.

Within less than two hours there was another evacuation of good consistence, which indicated a change in the color, but it is scarcely to be inferred that the calomel could have had this effect in so short a time.

Bromide of potash, 5 grains, was ordered every two hours, and in case composure was not obtained during the afternoon to add a like quantity of hydrate chloral, which being given in combination for several times and failing to secure rest, Hoffman's anodyne in doses of half a teaspoonful every hour was directed to be given after midnight, suspending all the other medicines. The milk punch was drank from a cup without any difficulty during my stay at the house, and he is to have it frequently.

The pulse was 125, temperature 100°, tongue clean and no longer any tympanitis, while the stiffness of the neck was slight. The pupils responded to the light and appeared ordinarily to be normal. Any attempt to control his tossing about was unavailing, so that there is evidently an impairment of the nerve-element which requires correction at the same time that the hepatic secretions demand attention.

PRURITUS IN DIABETES AND ICTERUS.

Clinical Lecture of DR. ERNEST BESNIER, Hospital St. Louis, Paris.

Translated from the "Journal de Medicine" by Dr. E. Van Goldtsnoven, of Atlanta, Georgia.

When there presents, in a middle-aged subject, violent and persistent itching, unaccompanied by any lesion, one may invariably feel authorized to entertain an unfavorable prognosis.

This condition was that of a man, 57 years old, under hospital treatment for a pruritus of the most intense character; and yet, notwithstanding the wildest and most painful scratchings, exhibited neither pigmentation nor the slightest tegumental alteration. This is due to the fact that in cases of this character the skin often opposes a great resistance, and there elapses a considerable time before pigmentation follows. At all events, such violent pruriti, without any apparent cause, should always evoke the idea of a dyscrasial affection, either of glycosuria or of albuminuria, etc. Such was

precisely the case in this instance, although the exact time of the incipiency of the disease could not be determined. Sugar and albumine presented simultaneously in the urine; and it is probable that glycosuria antedated and ultimately called forth albuminuria. Hence, one should, as this fact indicates, think of examining the urine whenever pruritus presents without any lesion, especially if the patient be, as in this case, somewhat advanced in years.

This instance taught another lesson: Although the character of the affection seemed to indicate that it should be traced back to no less than a year, there was neither erythema nor any mark of balanoposthitis, whilst in the majority of cases glycosuria is made manifest through various accidents affecting the genital organs, a diagnostic point of the highest importance. The absence of these eruptions, so frequent in cases of this character, shows the important role performed by the individual constitution in the mode of reaction under morbific influences.

Pruritus without lesion is also frequently found in connection with icterus. In this instance there is no primary alteration of the skin; but the itching is so intense, that scratching often produces excoriations. That the presence of the coloring matter of the bile on the surface of the skin is the cause of the pruritus does not seem to be certain after all. Pruritus may appear even before icterus is manifested, as has been demonstrated by Graves; and it may persist after icterus has disappeared. One may admit, as a possible theory, that there exists amongst the elements of the absorbed bile other substances capable of irritating the external integument. One may also suppose that there possibly exists in this instance a nervous influence not unlike that seen in urticaria, the latter oftentimes manifesting itself almost immediately after the ingestion of such articles of food as ordinarily produce it.

Pruritus associated with icterus is felt over the surface of limbs, over the shoulders, the lateral parts of the trunk; over bony projections; over the plantar and palmar surfaces, and in the latter the thickness of the integuments prevents any lesion being effected through scratching. It is especially intense during the night, as is invariably observed in all forms of pruritus, whatever the source or origin may be.

This pruritus is extremely rebellious to all forms of treatment. Locally, if but a small surface is involved, it can be soothed through applications of flannel soaked in a solution of atropia containing 5 to 10 centigrammes of this substance in 20 grammes of water; the compress being covered over with oiled silk. One may use, also, acid or acetous lotions over the whole surface of the body,

ointments either simple or containing a feeble quantity of carbolic acid (3 grammes of the acid in 100 grammes of glycerole of starch). Acetous baths (1 quart of vinegar to the bath) also greatly relieve the patient.

Internally, chloral and opium may oftentimes cause the pruritus to subside; but some patients illy bear these preparations, and not unfrequently get worse under their influence. These remedies should, therefore, be administered with caution. The seat of the disease should be the objective point, and the liver should, above all, engage particular attention. Milk diet and alkalies are especially indicated.

With respect to the general treatment of pruritus, we will simply call to mind that, since the anæsthetic influences of cocaine on the mucous membrane have been fully and universally acknowledged, Dr. Besnier has tried its application for local pruriti on surfaces where the skin assumes the mucous appearance, such as the anus, the vulva, the glans. Pruritus in these parts has been favorably modified through the agency of a pomade containing 1 or 2 grammes of cocaine in 40 grammes of excipient.

CHRONIC CATARRH.

BY GEO. W. GROFF, M. D., Lewisburg, Pennsylvania.

This disease is so common in the Eastern parts of the United States that it may be considered well nigh universal, and it is also said to be common in most parts of the world. No age is exempt, unless it be children for the first few weeks after birth, but in a little while they become much subject to catarrhs and colds.

THE SYMPTOMS.

These are "similar to those of coryza (cold in the head), but less acute; discharge from the nose, either through the nostrils or throat; formation of greenish scales or scabs in the nose; mucous membrane swollen, often obstructing breathing; in some cases, diminished secretion, constituting 'dry catarrh;' often offensive breath."

As people at large understand it, chronic catarrh may exist in the nasal passages, in the pharynx and Eustachian tubes, in the larynx, or in the bronchial tubes. A chronic inflammation of any part of the respiratory passages, accompanied by the discharge of hardened mucus and unpleasant breath, constitutes "catarrh."

CAUSES.

For many cases of catarrh, no cause can be assigned. Some think the causes are generally obscure, but the following may safely be named:

1. Neglect of common "cold in the head," which often passes into chronic catarrh.

2. Insufficient clothing.

3. Sudden and great climatic changes.

4. Errors in diet; especially the excessive use of fats, pastries, and sugars by those of sedentary habits.

5. An insufficiency of fresh air, sunshine, and outdoor physical exercise.

6. A scrofulous, gouty, or syphilitic taint in the blood.

7. Torpidity of the liver. It is probable that the liver is nearly always in a state of incomplete activity in cases of chronic nasal catarrh. The hardened discharges from the nose are said to contain a considerable amount of *cholesterine*, a substance peculiar to the bile.

8. Foreign particles, as dust, irritating gases, dead bone, or possibly a tumor growing in the passages.

EXTENSIONS OF THE DISEASE.

Catarrh may be located in the mucous membranes of the head for a long while, and produce no special inconvenience, but the inflammation frequently extends from the first seat to deeper and more inaccessible parts.

1. It may extend to the bones of the nose, and these may be completely destroyed. It is when the bones of the head are affected that the breath becomes so horribly offensive. It is very seldom that catarrh attacks the bones unless there is a syphilitic taint in the blood, or possibly only a scrofulous taint, in rare cases.

2. It may extend into the *frontal sinus*, a cavity in the bones, above and between the eyes, when it causes a persistent dull aching in this part of the head.

3. At other times it extends into the antrum of Highmore, causing dull, heavy aching in the face.

4. It not infrequently enters and extends throughout the course of the Eustachian tubes to the middle ear, and is a common cause of deafness.

5. The disease often extends backward and downward from the nasal cavity to the pharynx, causing sore throat or pharyngitis; thence it may continue downward to the larynx, where it attacks the vocal cords. In some cases, it is possible that catarrh may commence in the pharynx or larynx and extend upward to the head and downward to the lungs. This is said to be true in children.

6. The inflammation may continue to descend from the larynx until, reaching the bronchical tubes, chronic bronchitis is produced, and finally entering the minute bronchioles, and ultimate air cells, *consumption* may result. It is probable that not a few cases of neglected nasal catarrh end in pulmonary consumption.

THE DANGERS.

Although catarrh may exist a long time, producing no evident evil effects, it should never be neglected, for, when left a long time, it becomes deep seated, and one of the most difficult of diseases to cure. It very often makes the breath intensely foul. Entering the Eustachian tubes, it becomes one of the common causes of

deafness. It may produce most painful and dangerous abscesses in the frontal sinus and in the antrum of Highmore. It may produce a chronic sore throat, destroy the voice, or much injure it. It often causes an incurable bronchitis, or may finally end in consumption. In young children catarrh tends rapidly to reach the lungs. Certainly there is reason enough to attend to it early.

GENERAL TREATMENT.

The body should always be warmly clad, best with woollen clothing next to the skin. Climatic changes are to be guarded against by proper adjustments of clothing. Draughts and all causes known to produce colds are, so far as possible, to be avoided. Baths are to be *freely* employed, to excite the skin to activity. Rubbing the body with a coarse towel, and with the hands, and carefully kneading of the bowels, is beneficial. Pure water should be used as a drink in large quantities, but tea, coffee, spices and condiments sparingly, while tobacco and alcohol should be banished. The patient should be in the open air and in the sunshine as much as possible; a number of hours daily will prove most beneficial. Physical exercise is all important in the cure of this disease. This should be in amount sufficient to thoroughly warm the whole body. It must be regularly and systematically employed. There are no forms of exercise better than gardening, sawing wood, walking in the country, or some mechanical occupation, as carpenter work. Rich foods and pastries are to be avoided, as is an excess of all food. Much butter, fatty foods, sugars and animal foods must be avoided. The diet should be simple, largely of vegetable foods, but the *body must be well nourished.* Whatever tends to make the liver torpid must be avoided. Tonics and, in general, measures calculated to give vigor to the system will be likely to prove useful. Among these must not be forgotten country air, sea bathing, long journey, and a sea voyage.

An excellent tonic for those of a scrofulous diathesis, suffering from catarrh, is the following:

℞. Tinct. chloride iron..... f ℥ ss.
Sulphate of quinine..... ℥ ss.
Glycerin..... f ℥ iv.

Dose, a teaspoonful in a wineglass of water three times a day, before meals.

Infusion of wild cherry bark and infusion of catechu, in tablespoonful doses, are also recommended.

LOCAL TREATMENT.

The simplest form of local treatment is the drawing up into the nostrils of some medicated liquid. One of the best of these is a solution of common salt in soft water. Place a little in the hollow of the hand, and by placing this at the nostril and making a sudden, forced inhalation, it may be drawn to the seat of disease.

But it frequently happens in cases of long standing disease that the inflamed spots are so covered up with hardened mucus that no medicine can avail until the passages are thoroughly cleansed. This is best done by passing from a nasal douche copious currents

of warm water into one nostril, allowing it to flow from the other. Two or three gallons of water will not be too much for this purpose. [The nasal douche should be used with great caution, being placed but very little higher than the head, when stooping over, in order not to have a strong pressure of water. The patient should also be very careful to keep the mouth open, breathe slowly, and avoid strangling. If these precautions are neglected, there is great danger that water may be forced into the Eustachian tubes, causing strangling and often rupture of the drum of the ear. Cases of this sort are known to the writer, who much prefers to use an atomizing apparatus in place of the nasal douche, although it must be admitted that the latter is more quickly efficient.—*Ed. Druggists Circular.*

In some very bad cases, water alone will not remove the hardened accumulations, when an alkaline solution may be used with success. Two or three gallons may be necessary, made in the following proportions :

Soft water	1 quart.
Soda or saleratus	1 teaspoonful.

After the passages have been thoroughly cleansed by the warm water or the alkaline solution, one of the following solutions may be used, also with the douche :

Zinc sulphate	10 grs.
Soft water	1 qt.

Or:

Carbolic acid	50 grs.
Soft water	1 pt.

Or, in cases where the fetor is very bad :

Carbolic acid	50 grs.
Tincture of iodine	10 drops.
Soft water	1 pt.

All medicated solutions may be made stronger or diluted, according to the needs of each case. In all cases before making an application to the diseased membranes, the passages should be thoroughly washed out with at least a gallon of lukewarm water. Then from a pint to a quart of the medicated solution may be used. When treatment is commenced, it should be repeated three or four times the first day, after that one in twenty-four hours will answer, preferably in the morning. If the disease is in the upper part of the Schneideran membrane, the liquid can be forced up there, by compressing for a moment the nostril from which the water is flowing.

In addition to the solutions mentioned above, chlorinated soda, a tablespoonful to a pint of water, is highly commended, also a strong decoction of coffee.

Creosote in solution, the black and yellow washes, and the powders of borax, boracic acid, and of chlorate of potassium are all recommended. The powders are blown into the nostrils from a quill.

If there is a foreign body, a dead bone, or a polypus in the nose, no cure can be expected until its removal. In all cases, the treatment must be long continued.

CHRONIC SORE THROAT.

Medicated substances are applied to the throat by gargling or by spraying. The following are good gargles:

Carbolic acid	5 grs.
Water	1 oz.

Or:

Permanganate potass.	30 grs.
Water	5 oz.

For spraying, the following are recommended:

℞.	Potass. chlorate	ʒ ss.
	Fl. ext. bellad	f ʒ j.
	Glycerin	f ʒ j.
	Water	f ʒ iij.

M. To be applied four or five times a day.

Or:

℞.	Tinct. myrrh	f ʒ ss.
	Tinct. hydrastis	f ʒ j.
	Water	f ʒ iv.

M. The mixture to be well shaken, and applied four or five times a day.

Local treatment must be long continued. In some cases it may be necessary to have a strong solution of silver nitrate applied.

When the disease has passed down into the larynx and trachea, great relief is derived from the inhalation of steam and other vapors. The following is good:

℞.	Comp. tinct. iodine	f ʒ ss.
	Ammonia water	f ʒ j.
	Brandy	f ʒ j.

M. Shake well before using.

Place in a wide mouthed bottle, and warm with the hands, a spirit lamp, or by introducing a piece of hot wire. Place the mouth to the bottle, and inhale. The steam atomizer may be used with much success, with carbolic acid, or any other reliable disinfectant.

In all cases where catarrh tends to become chronic, a reliable medical man should be consulted.—*Drug. Gazette.*

Syncope from the Use of Cocaine.—Dujardin-Beaumetz (*Ibid.*) has observed several cases in which the hypodermic injection of weak solutions of cocaine was followed by syncope of brief duration. He attributes the occurrence to cerebral anæmia, and says that it never takes place if the patient is kept in the prone posture.—*New York Medical Journal.*

ALCOHOLIC HYPERÆSTHESIA AND PARÆSTHESIA OF THE FEET.

BY C. F. BARKER, M.D., Fort Hamilton, N. Y.

As the various effects of alcohol, its treatment, causes, etc., are at present causing more or less discussion among the profession, I take the liberty of narrating the various features of these cases as they have presented themselves to me. It has been my good fortune to have been able to observe and treat many of them.

This affection does not, as a rule, occur to those who are in the habit of drinking periodically, but it is the steady imbiber, he who has habituated himself or herself to the use of stimulants for months and years. It has no choice as to age, attacking the young as well as the old. We find it appearing in the phlegmatic as often as in the nervous patient. Like many of the affections appearing in the inebriate, it usually is first noticed when the victim begins to lessen his or her amount of stimulants. This, however, does not always hold true, as you will find those in whom the disease has been complained of, while the sufferer was markedly under the influence of liquor, and again sometimes attacks the patients while they are far advanced in convalescence. I have in mind a case where the symptoms did not show themselves for weeks after the gentleman had been without stimulants, and another where the invasion was apparent while the man was still continuing his debauch. In the latter case, the attending physician mistook the symptoms for those of rheumatism. Quality or class of liquors does not seem to have any special bearing as to the trouble. The premonitory symptoms are not the same in any two cases. In some the disease is first noticed by the patient on rising in the morning; the feeling as if they had had a bruise from stepping on a stone, or, perhaps, muscular twitchings may be the first inconvenience experienced by the patient. These disagreeable feelings wear away during the day, but gradually become more marked and troublesome. After the disease is fairly developed they are often obliged to remain in bed. They suffer from pains of varying degress of severity. The intense pains last but a few days, while the milder forms continue for weeks. The patient is often unable to stand the weight of the bedclothes upon the troublesome parts, and to have the shoes and stockings on is impossible. At times the slightest touch is so painful that the physician is unable to examine the parts. The toes are of much annoyance to the patients, having, as they will say, the feeling of being drawn under the feet This sensation is so marked that patients will oftimes feel with their hands to satisfy themselves that they are really in proper position. The soles of the feet usually give much trouble and are last to yield to treatment. The feeling is as if pins and needles were sticking into them, or that heavy weights were fastened to their shoes. In the more severe cases, if you have an opportunity to watch these patients when they alight from their bed, you will observe that they move as one does when he is care-

fully feeling his way in the dark. They seem to be afraid to step out. When asked why they do not move their feet more naturally, they will tell you they are not sure that they will be able to stand on them if raised and put down in the ordinary manner.

At night more often than during the day they experience muscular twitchings and a sensation of burning (not like that produced by an electric current), but as if they were stepping on a hot stove, a disagreeable sense of heat. These various feelings cause them to lose sleep and quite often interfere with their appetite. For the same reason that they do not use their feet in walking, they are not able to go up and down stairs, without aid. To go up stairs is more difficult than to descend. In a case lately under my care the patient was troubled with pains, taking a serpentine course from the ankle to all parts of the foot. They would not follow the course of any nerve, but dart in this irregular manner from one point to another, causing the patient much distress. It is exceedingly rare to have these sensations extend above the middle of the belly of the gastrocnemius muscle.

I have heard of cases where this disease has been mistaken for rheumatism and the patient placed under treatment for that malady.

Under proper care and treatment these patients recover perfectly. The recovery is slow, depending greatly upon the condition of the patient. Relapses do not occur unless the patient returns to his old ways of dissipation, and then but little over-indulgence will cause a speedy return.

Various modes and measures have been tried and advanced for the treatment of this affection, and to enumerate them all in this article would occupy too much valuable room. Those which have proved most efficacious are electricity, massage, hot and cold water baths, moderate exercise, to those who are able to be about, and tonics.

There is no doubt but that electricity takes the first position in the treatment of this disease. Both galvanism and faradism have yielded excellent results, but for my own use, taking the experience which has been afforded me as a guide, I much prefer the faradic current, in strength varying according to the severity of the case. The little French instrument, "Gaiffe battery," has in some cases proved very useful, but as it is limited in its power it cannot be used in all cases. The amount of time employed at each sitting varies; usually, to commence with, from ten to fifteen minutes is as much as the patient will be able to bear, but as improvement takes place the sittings may be increased. After the patients have become accustomed to the sensations of the battery, they are anxious to have it applied, as relief is experienced which is very marked. If applied before bedtime it gives the subject a much better chance of having a good night's rest than when used in the morning.

Massage, to those who can bear the process, is found often of great service in giving relief.

Bathing the parts in hot or cold water, hot water usually being preferred, night and morning, has been found to relieve many

where massage could not be practiced. The temperature of the water should be that which is most agreeable to the patient.

As to the choice of drugs, that depends greatly upon the condition of the patient. The employment of the sulphate of quinine has met with most pleasing results in my hands, and its value, I think, will be found by those who will try it. Pil. phos. ferri, quinia et strychnia has also been of much service. Nux vomica in the form of the tincture has also proved useful.

Much more could be written regarding this disease, but the foregoing may be a nucleus upon which to build. Advancing step by step as we are in the subject of inebriety and its complications, we may soon be able to diagnosticate and treat with equal certainty its many forms as we do the now classified diseases.—*New York Medical Record.*

HEPATIC DISORDERS, FROM A BRIEF TREATISE ON THERAPEUTICS.

BY J. MILNER FOTHERGILL, M.D., M.R.C.P.

Of agents which stimulate the liver, and bring away bile-laden stools, are, conspicuously, mercurials, ipecacuanha and sulphate of soda. Euonymin is, also, a fairly potent hepatic stimulant. Now, you all know that the liver is the furnace in which waste and spare albuminoids are oxidized into urea and uric acid. The bile acids—glycocholic and tauro-cholic—are also nitrogenized bodies. The functions of the liver and kidneys are closely linked together; and in those derangements where the urine has a thick sediment and the bowels are disordered, the old-fashioned doctor, who shook his head and oracularly uttered, "Liver!" was not such a fool as it has recently been the rule to regard him. There is nitrogenized waste in the blood; so do two things: First, cut down the amount of albuminoids eaten or drank, in order to reduce the demand upon the liver; then sweep away the waste from the blood by a pill at bedtime:

℞ Pulv. pip. nig.....grs. ij
Pil. cal. col. co.....grs. iij,

and in the morning:

℞ Sodæ pot. tart.....ʒ j
Sodæ sulphatis.....ʒ ss
Tinct. zingiberis.....ʒ ss
Inf. gentian.....ʒ j,

with an equal quantity of boiling water, so as to make the draught as hot as can be comfortably borne. Let this be done twice or thrice a week till the tongue is clean. When that is done, give the

℞ Sodæ sulphat.....ʒ i
Sodæ pot tart.....ʒ ss
Tinct. nuc. vom.....gtt. vj
Inf. cascarillæ.....ʒ j,
Ter in die.

before meals, and the pill twice a week.

If there be general asthenia, do not proceed to give iron until the tongue is thoroughly clean, the water clear, and the appetite good: and then commence with two or three drops of the dialysed iron once a day after food. Here you wish to give the iron as a hæmatic only: if you give it in tonic doses, it will upset the assimilative processes, and disagree with the patient to a moral certainty.

In other cases, where there is only slight constipation, with deposits in the urine, especially after meals, give the old-fashioned dinner pill:

℞ Pulv. ipecacuanha.....grs. j
Pulv. capsici.....grs. ss
Ext. cinchonæ.....grs. iij
Pil. al. et myrrh.....grs. j,

every day after dinner. It will be found very efficacious. If this dinner pill does not act sufficiently, give the morning laxative twice or thrice a week, so long as the bowels require it.

[Of these laxatives, or liver stimulants, we know of nothing better than elixir frangulaxine in dessertspoonful doses before breakfast or dinner.]

Then, as to the union of laxatives with tonics, it is well often to combine these two agents. In convalescence, tonics never act genially if there be not at the same time regular and sufficient action of the bowels; so, add sulphate of magnesia or sulphate of soda to the tonic,

℞ Mag. sulphat.....℈ j
Vel sodæ sulphat.....ʒ j
Quin. sulph.....grs. j
Ac. phosp. dil.....m. xv
Inf. gentian.....ʒ j,
Ter in die,

before meals, and ten minims of dialysed iron after dinner daily will usually give good results; or,

℞ Mag. sulphat.....ʒ j
Tinct. fer mur.....m. x
Liq. strychniæ.....m. iv
Inf. quass.....ʒ j,
Ter in die,

forms a less expensive form of tonic, of much utility.

As other tonics in gouty subjects, or those who are rheumatic, or recovering from acute gout or rheumatism, it may be desirable to give,

℞ Mag. sulph.....℈ j
Pot. bicarb.....℈ ss
Fer. am. cit.....grs. v
Inf. quass.....ʒ j,
Ter in die,

before meals, with a draught of water. (The importance of dilution has been pointed out in a previous chapter.) If necessary, give the Pil. Cal. Col. Co. once or twice a week at bedtime.

But in this use of laxatives, with occasional mercurials, avoid the pitfall of letting the patient eat with unlicensed abandon. To sweep away nitrogenized waste, and so relieve the assimilative process from the accumulation of debris, is to improve the appetite; just as a fire burns up when the ashes, which interfere with oxidation, are poked out. But if the dietary be not, at the same time, regulated, and the albuminoids cut down, the condition is a very undesirable one, and the double stimulation of the assimilative processes by too liberal supplies of albuminoid food on the one hand, and the exhibition of hepatic stimulant-laxatives on the other, will in time land the patient in a very unhappy state, from which it will not be easy to rescue him. This therapeutic plan can cut both ways, according to the dietary adopted.

To stimulate the liver, it is at times well to place a large hot poultice over the right side: this is a measure the astute student will do well to bear in mind.

When the tongue is very foul, it may be well on the second morning of the treatment to give

℞ Calomel.....grs. iv
Pulv. jalapæ.....grs. xv,

and so open the bowels freely. This usually brings away copious bile-laden evacuations, after which the tongue cleans under the night pill and the day medicine (previously recommended). Sometimes these morning powders have to be repeated at intervals of three or four days.

When in ascites, or dropsy, or in the constipation of meningitis, it becomes necessary to resort to cathartics,

℞ Elaterin.....grs. 1-20
Pulv. jalapæ.....ʒ ss,

or,

℞ Pulv. gambogiæ.....grs. iij
Pulv. pip. nigr.....ϑ ss
Potass. bitartrat.....ʒ ij,

may be given every second morning, along with the appropriate measures, for meningitis and for dropsy. In all these cases free catharsis gives great relief.

Now, in conclusion, let me tell the student to strive to see what are the indications for treatment; what is most prominent, pain, sleeplessness, fever, collapse, hæmorrhage, dyspnœa; what, in this case, calls most imperiously for attention. He is taught too exclusively, at present, to look at disease from a dead-house point of view. To make a diagnosis which would be corroborated in the dead-house is the great matter! Yes, so it is at a medical school; but in practice for yourself, remember that a living, grateful patient, who has got well under your care, is worth far, far more to you than any amount of accurate diagnosis—which, so far as other persons and their opinions are concerned, is as voiceless to further your interests as the tombstones in the churchyard which mark your failures.—*Leonard's Med. Monthly.*

THE INTRA-VASCULAR INJECTION OF BLOOD AND OTHER FLUIDS.

BY JOSEPH C. HUTCHISON, M.D., LL.D., of Brooklyn, N. Y.

Notwithstanding the operation of transfusion of blood has been practiced for more than five hundred years, and many brilliant illustrations of its value in saving human life have been noted, it must be reluctantly admitted that it has not fulfilled its early promise, and is now resorted to much less frequently than formerly.

The writer has, for a long time, believed that transfusion would be more frequently practiced, and take a higher rank as a therapeutic expedient, if the means for performing the operation were simplified, its dangers diminished, and a proper and easily obtainable fluid could be found for the purpose. The object of this paper is to consider these requirements.

DESCRIPTION OF THE APPARATUS.

The apparatus which I have devised consists of a cylindrical glass receiver, graduated into inches, with a capacity of twelve ounces. A metal cap, containing a perforated female screw, is attached to its lower end, having a perforated, nipple shaped termination, to which a rubber tube four feet long is connected, in order to convey the liquid from the receiver to the canula which enters the blood-vessel.

The receiver is surrounded by a double jacket of India-rubber, the walls of which are separated by a half-inch space for holding hot water, and is arranged to admit a thermometer.

The apparatus is warmed by filling it with hot water, which is allowed to run off before it is filled with the fluid which is to be injected. The receiver is then closed with the rubber stopper carrying the thermometer, and the apparatus is suspended, or held by an assistant, three or four feet above the vein which is to be opened.

The rapidity with which the fluid is introduced can be regulated by the stop-cock in the canula. After the canula is introduced it is fixed in position by the finger laid over the opening in the vein; no ligature is necessary to retain it in position.

A vein at the bend of the arm is usually selected for the operation, a saphena near the outer ankle may be selected, or the fluid may be introduced into the radial artery, as recommended by Hunter, and recently practiced by Halsted. The central end of the artery should be selected.

A number of appliances have been devised for the purpose of simplifying the operation of transfusion, and for preventing the entrance of air into the blood-vessels; these results can be best obtained by a simple apparatus, constructed on the principle of the one I have exhibited. If the operation is managed with ordinary care, it is impossible for air to enter the vein. The special advantage which this apparatus has is the hot-water jacket. It is important that the injection should not enter the blood at less than 98.5° F., and there is no objection to temperature of 105° F. The temperature can be accurately regulated by the thermometer.

TRANSFUSION OF BLOOD.

It was believed, until recently, that the reviving power of blood resided in the corpuscles, that transfusion, when performed with the serum alone, or with any other fluid, would prove fruitless. Recently, however, Ott and other observers have demonstrated that the blood corpuscles is not the important element; that the indication is to restore activity to the circulation by restoring the bulk of the vital fluid so as to enable the organs, especially the heart and brain, to perform their functions duly; that, for these and other reasons, blood is not so good as saline solutions for transfusion in acute anæmia.

SALINE INJECTIONS INTO THE VEINS.

The intra-venous injection of saline solutions was extensively practiced during the cholera epidemic of 1832—'33. More recently this matter has received considerable attention, especially by the Germans; and they have proved, by numerous experiments on animals bled to syncope, that life can be restored by injecting saline solutions into their veins, and that they are even to be preferred to blood for that purpose.

Dr. Hutchison then refers, at some length, to experiments performed by Ott, Schwarz, Jennings, Mikulicz, and a paper by Bull.

There are many nice points connected with the operation which can only be settled by experiment, such as the best method of introducing the liquid, the proper composition, temperature, specific gravity, quantity, and the rapidity with which it should be introduced. In two cases I injected a fluid composed of common salt, ʒ iij, and alcohol, ʒ j, in one pint of water, of which two pints were introduced into the median basilic vein, at a temperature varying from 100° to 110° F., and repeated the operation when the algid symptoms reappeared. The following solution, recommended by Dr. Gull in the "Reports on Epidemic Cholera to the Royal College of Physicians," London, 1854, was used in three cases:

Chloride of sodium, 69 parts by weight; chloride of potassium, 6 parts by weight; phosphate of sodium, 3 parts by weight; carbonate of sodium, 2-13 parts by weight.

"By dissolving one hundred and forty grains of this salt in forty ounces of distilled water, and filtering, we obtain a fluid having a decidedly saline taste, a faintly acid reaction, and nearly approximative in its composition to the fluid effused, minus the organic substances. These are small in amount, and their loss has, apparently, no important influence on the constitution of the blood."

In Dr. Gull's formula the sulphate of sodium is strangely omitted. A more accurate formula (the one which I recommend), deduced from Schmidt's analysis, is the following:

Chloride of sodium, 60 grains; chloride of potassium, 6 grains; phosphate of sodium, 3 grains; sulphate of sodium, 1-5 grains; carbonate of sodium, 20 grains.

Dissolve one powder in 24 ounces of water at 10.5° F. The fluid should enter the vein at a rate not exceeding one ounce per minute, and this can be accurately regulated by means of the stop-cock in the canula. The quantity of fluid to be injected, if a sa-

line solution is used, is from 12 to 24 ounces. The injection may be stopped when the pulse becomes stronger and the temperature of the peripheral parts of the body more normal.

The matter presented in the preceding pages seems to the writer to justify the following conclusions:

1. It appears to be proved, by experiments upon animals and by clinical facts, that corpuscles of transfused blood are short-lived and rapidly excreted; that the reviving power of blood does not reside in the red corpuscles, and hence the danger of excessive loss of blood is not due to the diminution of its corpuscles and other solid constituents.

2. The important element in transfusion is the restoration of the vital fluid to the vascular system, increasing vascular tension, and causing energetic contractions of the heart.

3. The intra-venous injection of salt solutions in appropriate cases is a more simple and safer operation than transfusion of blood. It can be done without the aid of a skilled assistant, and the materials for injection are easily obtained.

4. If further experience should confirm the favorable results from intra-venous injections that have been recently reported at home and abroad, the operation deserves to be held in the highest esteem, and is destined to occupy an important position among therapeutic agents.—*New York Med. Jr.*; *Epitome.*

Ipecac in Dyspepsia.—Dr. Fothergill, in *Medical Times*, writes: "A little bismuth with soda and *nux-vomica* is a good combination, so far as medicines are concerned, to commence with. But ipecacuanha is the drug *par excellence* when it can be borne. That this is an hepatic stimulant of no mean power is now generally admitted. It is notorious that in full doses ipecacuanha is an emetic. In smaller doses it increases the activity of the gastric secretion, while stimulating the muscular fibres of the stomach. Consequently it is a drug of great potency in cases of deficient power in the digestive organs; and, as a pill, two-thirds of a grain of ipecacuanha, with a dose of strychnia, a little black pepper in extract of gentian, or aloes and myrrh pill, or compound colocynth pill, according to the state of the bowels, is in constant use with me in cases of indigestion. By it before meals, and pepsin pills after, the number being regulated by the patient's necessities, and a suitable regimen, ordinary cases of indigestion can be made to move on satisfactorily. But there is a lower stratum than this, viz: a class of cases where only the most easily digested foods can be taken at all—where the stomach cannot be bullied, and where compromise alone is practicable. In these very troublesome cases 'baby-foods' are our sheet-anchor to start with. And even when something approaching an ordinary meal can be taken in small quantities, a glass of milk, with some good malt extract in it—about two hours after the meal, when the contents of the stomach are passing the pyloric ring—is a good addition to it. The increasing failure of digestive power of the present day calls into action the skill of the chemist; and fortunately for dyspeptics, the chemist posseses the skill."

ABSTRACTS AND GLEANINGS.

The Use and Abuse of the Tampon in Abortion.—Dr. J. W. Keene read a paper with this title before the Buffalo Obstetrical Society, meeting of March 24, 1885. The President, Dr. W. W. Potter, in the Chair.

Dr. R. L. Banta said that he had not found the danger of inducing abortion by the use of the tampon so great as Dr. Keene and the authors he cited had stated. He uniformly used the tampon if he found a woman losing a thimbleful of bood. Now, if he had plenty of time, he let it flow, but, if he was compelled to leave the patient, he tamponed. Much depended on the judgment of the physician; the older he grew the less he would fear hemorrhage.

Dr. Fredrick believed the indications for the use of the tampon were as stated by Dr. Keene. He considered the colpeurynter preferable to the old-fashioned tampon, and used it in his practice.

Dr. Ingraham said, that if a woman did not flow much, he felt at liberty to go away. He did not think the tampon always produced abortion.

Dr. Stockton had been rather frequently called upon to consider whether or not he would use the tampon. In the paper it had been pretty well stated when it should be used; but the question of using the tampon occurred at other times than those mentioned, for instance, after the escape of the fœtus, when there was retention of the secundines.

Dr. Hartwig would say that, if the tampon was to be used, the indications for its use had been correctly given. He was of the opinion that the tampon should be given up almost entirely. He had used it in some cases. He fully believed, as Schrode stated, that a woman would not bleed to death from abortion before the fourth month. The old-fashioned tampon would certainly excite uterine contractions: and the same might be said of the colpeurynter if sufficiently dilated to check the hemorrhage. There were however, other ways of tamponing, as compressed sponge. Another way was to tampon the cervix through a speculum. He thought he would do the latter if he tamponed at all. But in hemorrhage during pregnancy, and after the expulsion of the child, he had decidedly come to the conclusion that a tampon was unnecessary, because, if the bleeding was slight, the woman could bear it. Small doses of ergot, or even large doses—which never of themselves produced abortion—would check the bleeding. The life or death of the child ought to be decided with a good deal of probability. If the woman had bled much, and the cervix was patulous, we could be sure that the baby was dead. As a scientific ruling, he would put forth the idea that the tampon should not be used at all. Its real value consisted in exciting uterine contractions.

Dr. Tremaine was very glad to hear these views expressed. He did not practice obstetrics, except in consultation. Some years ago he used to do a great deal of midwifery. He never used a

tampon but once, and never would again if he could help it. He thought it one of the most barbarous, unsurgical, and nonsensical things ever invented. Dr. Hartwig had expressed nearly his own ideas. He used to see much hemorrhage, and was accustomed to control it by injecting alum-water into the uterus. He had never seen a death from post-partum hemorrhage. When there was much bleeding, abortion was sure to take place. About the surest way to bring it on was to give opium.

Dr. Lothrop said that how these gentlemen practiced obstetrics and dealt with abortion in the second and third months without the use of the tampon he did not understand. It was an absolute necessity. He very seldom used it unless the life of the embryo was destroyed. How these gentlemen could see the woman lose such a large amount of blood when they could stop it with a plug he did not understand. When he had been compelled to use the tampon it had almost always been from retention of the secundines after the expulsion of the fœtus. He could not get along successfully in abortion without the use of the tampon. His way of using a tampon was to pack the vagina with cotton pledgets by means of a Sims's speculum. As for septic infection following the use of the tampon, it had never occurred in his practice. There were two symptoms he looked upon as important in abortion—pain and hemorrhage; and the two things he recommended were opium and a tampon.

Dr. Girard had an opinion on this subject, and was willing to give it for what it was worth. He had many cases of hemorrhage of this character, and had tried many means to check it. When he found the os partly dilated and the cervix softened, he was satisfied of the death of the fœtus, and that the best procedure was to bring on rapid contraction and prevent further hemorrhage. He believed the tampon in nearly every case would bring on abortion; so he would not use it while there was any chance that the fœtus was alive. If the physician was satisfied that the child was dead, he did not see that he could do better than to tampon.

The president said it was difficult to understand the import of the paper. In a general way, he inferred that its bearing was against the use of the tampon. He used the tampon himself, and had never yet used it, in more than twenty-six years, when he regretted it. He used the tampon for two purposes: first, in extreme cases, to save life, and more especially to avoid the loss of blood. He thought the gentlemen made a mistake when they allowed their patients to bleed one ounce. He would say that no man should undertake to practice obstetrics in this day and age and permit his patient to bleed. If he did not succeed in the use of the tampon, it was because he did not use it right. He was certain that in case of a violent hemorrhage the only way to control it was to put the patient in Sims's position and pack the vagina so tight that there could be no hemorrhage. If he was called to a case of threatened abortion, and found the os open and the fœtus not accessible, he would not commence by tamponing if he lived near by; but, if he lived ten miles away, he would tampon the woman for her own safety, and he would be pretty sure that, on removing

the tampon the next day, the fœtus and secundines would drop into his hands. After the escape of the fœtus and retention of the secundines, his practice would be to remove them if he could. If he could not do so with tolerable ease, he would tampon. He would not allow the patient to suffer the loss of four ounces of blood. In reference to ergot, gentlemen might give it, if they pleased, in threatened abortion with a hope that it would prevent hemorrhage; but they should not rely on it. He had come almost to think it nearly useless. He did believe in the use of the curette in removing detritus, and then brushing over the cavity with Churchill's tincture of iodine; then, if there was any danger of hemorrhage, the vagina should be tamponed.—*N. Y. Med. Jour.*

Anæsthetic Agents---The State of the Case.—During the past year Dr. B. A. Watson, of Jersey City, has been engaged in an experimental study of certain anæsthetics, an account of which was laid before the last meeting of the American Surgical Association, and now reaches us in the form of a reprint from the Transactions of that body. This paper, together with the report of the discussion which followed its reading before the Association, give a very clear idea of the present attitude of the mind of the profession towads the question: "Which is the safest anæsthetic?" The anæsthetics experimented with by Dr. Watson were bromide of ethyl, chloroform and sulphuric ether. The subjects were eighty-two rabbits and twenty-five dogs. These animals were kept in a condition of profound anæsthesia for two hours, and during this time observations were made upon the pulse, respiration and temperature at intervals of about a half an hour. Similar observations were made during the seventy-two hours after recovery from the state of anæsthesia. The experiments showed: 1st. That chloroform is a more depressing agent than ether. 2nd. That a resort to artificial respiration became necessary most frequently during the use of ethyl bromide, less frequently during the use of chloroform, and was never necessary during the use of ether. 3rd. That the death rate by ether was relatively very small. (Rabbits 16⅔ per cent., 62½ by chloroform, and 40 per cent. by ethyl bromide; the mixtures of alcohol, chloroform and ethyl being almost, if not quite, as deadly. Dogs, by ether none died; by chloroform none; by ethyl bromide all died.) 4th. That ethyl bromide, whether given pure or in combination with other anæsthetics, frequently causes more deaths within the forty-eight-hours which follow its administration than during the period in which complete anæsthesia is maintained, especially when the latter has been protracted; although sulphuric ether, chloroform, and their mixtures are generally free from this danger. 5th. That death was invariably preceded by very rapid respirations, regardless of the anæsthetic which produced it. That death occuring during the administration of the ethyl bromide is, in all probability, caused by its paralyizing action on the heart.

Dr. Dawson, of Cincinnati, who opened the discussion, cited two cases from his own practice where death had occurred from heart failure under chloroform. In one case the field of operation

thrice became suddenly bloodless; the third time the patient died. He believes that chloroform is a dangerous agent, killing beyond resuscitation by paralyzing the heart, and that the danger does not depend upon the amount of chloroform administered, or the length of time the patient is kept under the influence, but upon the condition of the patient at the very time of its administration. In support he quoted the case of a Mrs. G., who had taken chloroform in eight confinements, in one of them having been kept under its influence for twelve consecutive hours, and who seated in a dentist's chair, having taken (from the hand of her physician,) half a dozen whiffs of chloroform died of cardiac paralysis. On the other hand Dr. Donald McLean, of Detroit, quotes Simpson's celebrated case of the patient who died under the touch of the knife before chloroform had been administered, and brings forward a similar case of his own. Dr. McLean has been using chloroform liberally for twenty-five years, and has yet to see an accident. Dr. Wm. Byrd, of Quincy, Ill., said that he had lost one patient by chloroform. He had kept her under the influence of the drug on a previous occasion for an hour. "She only breathed a few times after the chloroform was administered when she died." Dr. B. uses a mixture of ethyl bromide, chloroform and alcohol in Johnson's inhaler and finds it safe and agreeable. Dr. L. McLane Tiffany, of Baltimore, spoke in favor of ethyl bromide. He thinks it as safe as any anæsthetic can be in the nature of things, provided that the patient is in the recumbent posture, that the duration of the state of anæsthesia is short and the administration is not repeated at the sitting. Dr. Conner, of Cincinnati, has had one death by chloroform. He feels bound to use ether because it is so much the safer.

From all this we gather that the minds of our ablest physicians are still in an unsettled state upon this most important question; that bromide of ethyl is an anæesthetic of the use of which we had best be chary for the present, and that it should never be used to produce more than a few moments unconsciousness; that ether should be regarded as safer than chloroform, but that the latter is as much more dangerous than the former as experiments upon the lower animals would lead us to believe, is not borne out by a vast clinical experience. In considering this question we must remember that chloroform is still *the* anæsthetic throughout most parts of the world, and that its dangers bear a most pertinent relation to the intelligence and attention of the administrator. This matter of the relative safety of chloroform and ether presses upon the whole profesion for solution. It can never be settled. it seems to us, until a number of medical men be found devoted and painstaiking enough to keep a record of every case in which they administer, or assist in administering, either agent and the result, and after many years to give the figures to the world. Then will we be able to determine the percentage of deaths by chloroform, and by ether, and therefore the degree of danger attending the use of either anæsthetic. Then, and not till then, will we know the *true* state of the case.—*N. O. Medical and Surgical Journal.*

Sodium Salicylate in Neuralgic Headache.—Since the publication in these columns of a translation of the experience of Dr. Delczersky with sylicate of sodium in neuralgic headache (*National Druggist*, Vol. V. p. 130), I have had the opportunity of testing the remedy in a number of cases, three of which might be termed typical—or rather crucial—the latter word expressing not only the nature of the test, but the sufferings of the patient as well. A history of one of them will suffice for the balance. The patient, aged thirty-nine years, married, and the mother of four children, resident at Mobile, had been subject to severe neuralgic headaches for fifteen years past. Come on first about once a month, these headaches gradually grew more frequent and severe, until at last she spent more than half of her time in bed, her sufferings being described by herself and the attendant physician, as something dreadful to contemplate. Every remedy ever suggested for the relief of neuralgia and headache was tried, almost without effect. After reading Delczersky's article (in the *Midiz. Obozrenyi*), I determined to try sodium salicylate, and sent her by mail the following prescription: Sodium salicylate, 2 drachams; divide into 16 capsules, of which let the patient take 2 when threatened with an attack, and repeat the dose every half hour, until pain is relieved, or until four doses are taken. Two weeks later the patient wrote me: "How can I thank you sufficiently for that prescription? The day it arrived I was in bed with one of my dreadful attacks. I had the medicine prepared and commenced taking it. With the second dose I felt great relief, and by the time I had taken the third all pain had ceased. Since then the trouble has threatened to return several times, but a couple of capsules averted it in each instance." Two months later she writes: "That remedy has cured my headaches. I have taken, as you directed, 2 capsules every morning, and there has been absolutely no return of my headaches. Once or twice when I have been very tired there was an uneasy feeling about the head, but a couple of capsules removed it. I have gained thirty pounds—all the flesh which I had lost, and am in perfect health."

The other cases were similar to this in every respect, and I think that the profession may safely rely on sodium salicylate as being "almost a specific" in this most distressing and hitherto intractable of maladies.

The salicylate may be given in solution or dry, inclosed in capsules. The dose for an adult should not be less than 15 grains repeated every half hour until 60 grains are taken, unless sooner relieved. In cases where the disease is of long standing, it is well to have the remedy continued in daily doses of not less than 15 grs., which should be taken in the morning or on an empty stomach. Of course due attention must be paid to the bowels. Where there is habitual constipation—which will be in three-fourths of the cases where the patients are women—aloin will be found invaluable. Podophyllin will also be found to act admirably, especially where there is a malarial taint. Where the disease is undoubtedly of malarial origin, occasional resort should be had to mild chloride of mercury.—*National Druggist.*

Hypophosphite of Lime in Cancer.—Dr. J. B. Johnson, of Washington, D. C., writes as follows in the *Medical and Surgical Reporter:*

Some time ago I received a copy of a lecture by Dr. Hunter McGuire, of Richmond, Va, on the subject of "Cancer of the Breast," in which he recommended the use of hypophosphites of lime and soda. The formula is:

℞. Hypophosphite of lime and soda..... ℥ ss.
Diluted phosphoric acid..... ʒ ss.
Distilled water..... ℥ viij.

M. S.—Teaspoonful in water three times a day, and when indicated. He sometimes uses in addition arsenic and iron, in the forms of chlorides of arsenic and iron.

At the time of reading the lecture I had under my care two cases of cancer: one of the breast and one of the ear, at the angle of the left jaw. About a year before, I was consulted in the case of cancer of the breast; the breast had been entirely excised, but the wound made no effort to heal, and grew to be an ulcer two inches wide by two inches long. The cancer of the ear also presented an ulcer irregular in shape, covering the space of an inch or more in extent. I gave at once internally:

℞. Hypophosphite of lime..... ʒ iss.
Bromide of potassium..... ʒ ij.
Fowler's solution..... ʒ iss.
Distilled water..... ℥ viij.

M. S.—Dose, a tablespoonful every three hours.

And as an external application the following:

℞. Tar,
Alcohol..... ℥ j.

M. S.—Apply freely to the ulcers three times a day.

Both patients have been using the above prescriptions for six months, and the progress of the cancers is not only arrested, but the ulcers almost healed. There is no doubt that the progress of cancer can be delayed by the use of the hypophosphites in combination with arsenic.—*Drug. Cir.*

Precautions to be Adopted in the Treatment of Phthisis.—At the International Congress of Hygiene held at La Haye in September last, the following conclusions were adopted regarding the treatment of phthisical patients, after an interesting discussion upon a report presented by Prof. Sormani, of Pavia.

"It is demonstrated that pulmonary phthisis can be, in certain cases, transmitted from the sick to individuals in health. Although the chances of this transmission are limited, prudence requires certain precautions.

"1. No one should be allowed to share the sleeping chamber or bed of a tubercular patient in an advanced stage of the disease. The apartment of a phthisical individual should be constantly aired and ventilated.

"2. The danger resides especially in the sputa, which should not be allowed to go on the floor or on clothing, where they may dry and become converted into dust.

"3. The sleeping-rooms, the bed-linen, and clothing which have been used by consumptives should always be disinfected Steam (at 100° C.) and washing in boiling water are the best means of disinfection.

"4. Convalescents from chest-disorders and feeble and exhausted patients should especially avoid prolonged contact with the tuberculous."—*Revue de Therapeutique Med.-Chir.*, No. 23.

Action of Iodoform in Diabetes.—After seeing the effect of iodoform in several cases of diabetes and other diseases, he made experiments which resulted that in doses of 0-05—0.10 the quantity of sugar in the urine, as well as the quantity of urine, considerably decreased; that the number of red blood corpuscles, as well as the hæmoglobin diminished, which is not caused by a destruction of the red blood corpuscles from the evolvement of iodine from the iodoform (the number of blood corpuscles were counted by the hæmometer of Hayem and Nachet, and the hæmoglobin was determined with the chromocytometer of Bizzozero) iodoform has a tendency to lower the arterial blood pressure.—*Bozzolo in Arch. Ital de Biologie. St. Louis Med. Jour.*

Treatment of Earache.—M. Moure (Jour. de Med. de Bordeaux, Jour. de Med. et de Chir.) uses habitually a combination of atropia with morphia to quiet the pains of earache, giving relief to otalgia and to cases of subacute otitis of the tympanum and of the Eustachian tube, particularly in children. He prefers a solution of morphia to instillations of oil, laudanum and ether, these substances having the effect of producing a traumatic meningitis and sometimes graver lesions. He prescribes: Sulphate of atropia, 2 to 5 centigrammes; chlorhydrate of morphia, 5 centigrammes; neutral glycerine, 15 grammes; applied on cotton wool at the external auditory meatus, and, when necessary, a drop or two by instillation night and morning into the auditory canal. This will relieve external otitis and furunculous otitis.—*Ibid.*

Fluoride of Quinine for Enlarged Spleen.—Fluoride of quinine has recently been recommended by Dr. Weddell, of Calcutta, in the treatment of enlarged spleen. He has investigated the action of fluoric acid and the fluorides, and has come to the conclusion that in cases of chronically enlarged spleens of malarial origin the effects obtained are often very striking. In very small doses the fluorides have produced marked benefit in cases of rickets and other diseases associated with malnutrition of the osseous system. Of the salts of fluoric acid, Dr. Weddell considers those of quinine or quinetum (i. e., of the mixed cinchona alkaloids) to be the best.—*Med. World.*

Antidote to Strychnine.—Amyl nitrite is being recommended in various foreign journals as an antidote to strychnine. It may be used either as an injection or by inhalation.—*Exchange.*

Treatment of Bromidrosis of the Feet.—Dr. J. S. Stewart, in the *Edinburgh Medical Journal* for March, 1885, recommends as the most satisfactory treatment, to have the feet thoroughly washed in hot water, then steeped for a few minutes in a solution of permanganate of potash of the strength of from 4 to 6 grains in the ounce of water. The feet are then dried, not to be again wetted until complete exfoilation of the tanned cuticle has taken place.

Hebra's lead plaster ointment is then thickly spread on in strips of cloth about one inch and a half broad, and the foot covered from the toes back over the heel as high as the malleoli with these arranged and applied like a scultetus bandage. Each toe should first be wrapped with a strip of clean rag half an inch broad and thickly spread with the ointment. This dressing should be renewed every twelve hours with fresh rag and ointment, for a period varying from ten to sixteen days, according to the severity of the case and the thickness of the heel skin. In most cases the odor will be very much diminished by the end of the third day, and will not be perceptible by the ninth. The shedding of the skin takes place *pari passu* with the growth of the new cuticle, and may not be completed until the end of the third or fourth week.—*Medical News.*

Messrs. Wm. R. Warner & Co.'s Concentrated Pepsin in powder is a preparation much appreciated by all who have occasion to use pepsin in scales, and especially where a concentrated article is required. It forms a clear solution, retains a pulvurulent condition, and mixes with other substances. The use of this preparation in cases of ulcers of various parts of the body—particularly those of the stomach—has given very satisfactory results, from its power of dissolving albuminous products. This pepsin has been found useful as an application to diphtheritic ulcers; also, for indigestion of children, who take it without much trouble. Again, this preparation is found very useful in nervous vomiting and diarrhœa. I find this pepsin has many more times the power of digestion than the saccharated form. The advantages of Warner & Co.'s Pepsin—as, indeed, of all their preparations—are that it is uniform and reliable.—*Ex.*

Antipyrin.—This new drug is described as follows: It is in colorless, columnar crystals, or oftener in a voluminous crystalline powder, of a white, or sometimes of a slight reddish color, due to the presence of traces of iron. It is odorless, has a slight bitter taste, and melts at 110° to 130° C. It is very soluble in water, more so in boiling water, and dissolves easily in alcohol or chloroform. With persalts of iron, its aqueous solution is colored red.—*Med. News.*

Extract of Piscidia.—Further trial of this preparation as a hypnotic has confirmed the report previously made in its favor. It would appear that in doses of six grains its action is quite prompt, and is unattended by any unpleasant symptoms.—*Med. News.*

Chloride of Methyl Spray as an Anodyne.—The following account of the use of chloride of methyl spray, according to the method of Debove, is taken from *L' Union Medicale* for March 3:

M. Tenneson reports thirty-one observations upon the use of the spray of chloride of methyl as an anodyne in various affections. In seven out of ten cases of sciatica the relief was complete; once, pain in the heel existed for somettime after the relief: in two cases only was there a real arrest of the disease. In eleven cases of muscular rheumatism the relief was immediate nine times; in the other two cases a second application of the spray was necessary; the results were equally good in cases of sub-acute and chronic articular rheumatism and the osteo-periosteal pains of the tuberculous; in three cases the spray caused a sudden cessation of pain in the side in lobular pneumonia, and the local refrigeration of 9° F. applied to the chest of a fever patient did not interfere with his spontaneous recovery.

The accidents which may occur are erythema, increased pigmentation, vesication and sloughing. These may be avoided by not prolonging the spraying beyond five or six seconds; even this is too long in regions where the skin is delicate, and perhaps also in women, but upon the latter point M. Tenneson has had no experience, as the cases reported all occurred in men. It is necessary to avoid directing the first jet of spray too perpendicularly against the skin. The erythema may last many weeks, as may also the increased pigmentation. In short, the spray of chloride of methyl is without doubt destined to render a great service against the element of pain; but the end of the subject has not yet been reached.—*Northwestern Lancet.*

Valoid of Coca.—The Lancet speaks as follows of this new preparation of coca: "The introduction of a new and reliable preparation of coca will be hailed with satisfaction. The valoid is made from the fresh leaves of the coca plant, each drachm representing the weight of crude drug, including the whole of the alkaloidal and other principles. It has been extensively employed of late, and, curiously enough, is forced to exert a double physiological action. In small doses it acts as a sedative, promoting sleep; while in large quantities, such as three or four drachms, it stimulates the nervous system and induces an increased capacity for mental exertion. It has been used with much success in sleeplessness arising from overwork, worry and anxiety, and also in treatment of impotence, spermatorrhœa, and a number of allied diseases. It has no tonic action:—*Med. News.*

Evil Effect of Tobacco.—In a high school in a neighboring city, all the assistant teachers form a league with the teacher of physiology to prevent the use of tobacco by the boys. She is instructed to set before them continually the evils arising from the use of the weed in all forms. She says she makes the deepest impression by showing them how it stunts the growth, and as boys desire nothing so much as to be tall and manly in appearance, many have left off the bad habit for this reason.—*Good Health.*

SCIENTIFIC ITEMS.

Petroleum in Russia.—The Russian oil region covers an area of over 14,000 square miles, with forty-two oil wells in one district, over a hundred in another, four hundred in a third, and richer regions waiting to be developed to produce still greater results. One spouting well produces, it is said, two million of gallons a day. The oil is found in places at a depth of a hundred feet, and no well has gone below eight hundred and twenty-five feet. Three Swedish brothers, and a few others, English and Americans, as well as Russians, who have been in America, have introduced method and system, pipe lines, oil carrying barges and steamers, tank cars, refineries, joint stock companies, railroads, and now produce 800,000 tons of crude and 200,000 tons of refined petroleum, and are rapidly finding new markets. In America there are over 25,000 drilled petroleum wells; in Baku, the Russian oil region of most activity, there are 400, but a single one of these, it is claimed, has thrown up as much oil in a day as nearly the whole of the 20,000 in America put together.

Spouting wells in Russia are both frequent and constant, and the overflow is sometimes a serious difficulty, in some cases run into the sea or low land, and burned to get rid of it.—*Scientific American.*

Feat of the Divining Rod.—The question as to the magical or the scientific value of the "divining rod" has just been re-opened by the success which has attended its use at the Fletton Wagon Works of the Midland Railway Company, England, with reference to the discovery of a permanent supply of water. According to *The Sanitary World* (London), the company requires to use about 500 or 600 gallons of water every day, and the well on their premises yielded only one-half of that quantity. It was necessary, therefore, to supplement the supply by the sinking of other wells or by the construction of an expensive system of piping. The former plan was preferred, and two new wells were sunk to no purpose. The services of a gentleman of the district, who bore the reputation of being skilled in the art of discovering water by means of the "divining rod," were then called in. This wizard or expert employed for his purpose a forked hazel twig, holding one prong of the fork in each hand, the points of the fork being directed to the sky. After walking about the premises for some time, the point of the fork suddenly began to bend down, purely, as the best evidence goes, of its own accord, and to point to the earth. The wielder of the wand declared that here would be found a plentiful supply of water. The same indications were repeated at another spot, where the twig snapped from the violence of its spontaneous and sympathetic motion, and the same confident assertions were made with reference to the occurrence of water—

assertions which the results obtained by actually sinking wells amply justified, the quantity of water to be obtained being apparently inexhaustable. Other persons essayed to use the wand, but it rebelled against the usurpation of its owner's functions, and remained contumacious and irresponsive. If any person, adds the writer, require water in unlucky localities, it might be well to secure the services of this diviner before he volunteers for a patriotic mission in favor of the troops in the thirsty wilds of the Soudan.—*Scientific American.*

The Painless Extinction of Life of Animals.—Dr. Richardson, of London, in a lecture on his process of painless killing of the lower animals, said in the closing passages of his discourse at the Dogs' Home over 6,000 dogs have during the past seven months slept their final sleep, knowing as little of their deaths as of their births. The principal agent used for the narcotic action is carbonic oxide, passing, at summer heat, over a mixture of chloroform and carbon bisulphide into a lethal chamber, in which chamber as many as 100 dogs can at once receive euthanasia. This is on the large scale; but Dr. Richardson described also a small apparatus in which from one to six animals can be painlessly killed, and which is so portable that it can be wheeled from a central station to any house or street ready for immediate use. Thus every village and town may be provided at a small cost with a means that will give painless death to any domestic animal without offending the most sensitive individual. By an extension of the same design the author next intends to apply it to animals of the larger kind that are used for human food. It is no contemptible part of its history in this century for the profession to leave as a bequest to the future, the means of taking the sting of death from all the lower animals whose fate is under our control.—*Scientific American.*

At the Top of Mount Washington.—A visitor to the top of Mount Washington concludes that the weather is really cold up there. He was convinced by a walk along the railroad, with the wind blowing seventy miles an hour and the thermometer twenty degrees below zero. The temperature does not get lower there than in many other places, but the wind blows with greater velocity, it is said, than at any known spot in the world, and this makes the cold unbearable. A velocity of 180 miles an hour has been attained, while at Pike's Peak, 8,000 feet higher, the greatest is 100 miles, and in New York 45 miles is a heavy gale.

The cold is so intense that if one covers every part of the body, leaving only the eyes exposed, these are soon coated with frost, which closes the lids and often makes it almost impossible to see. The moisture of the breath freezes under the covering of the face, and a frost bite is the consequence.—*Scientific American*

Baron von Schoeler, of Corpus Christi, has for a pet an immense snake of the anaconda species. It is perfectly docile so far as the Baron has yet learned.—*Ibid.*

PRACTICAL NOTES AND FORMULÆ.

An Inhalation for Coryza.—Hager (Union med.) recommends the following formula:

℞ Pure carbolic acid.....grs. cl
Ammonia water.....ʒ iij
Alcohol.....ʒ j
Distilled water.....ʒ v.

A piece of cotton saturated with this mixture is placed in a wide-mouthed bottle, and the vapor is inhaled.—*New York Med. Jour.*

For Ring-Worm.—Hyposulphite of soda lotion (ʒ j or ʒ jss to the ounce) is one of the most successful applications to ringworm, though in some cases oleate of mercury acts more expeditiously. Oleate of copper is objectionable on account of its brilliant color; moreover, it did not answer expectations under protracted trial at Middlesex Hospital, London. Hairdressers unwittingly propagate ringworm to a considerable extent by using the same brush and comb for different children. The hyposulphite lotion, above-mentioned, is especially effective in chloasma.—*Med. World.*

For Gonorrhœa.—Dr. F. E. Michael (Baltimore) highly recommends the following mixture in gonorrhœa and its vesical complications:

℞ Ol. santal,
Liq. potassæ,
Ætheris nit.,
Tinct. cinnamoni, } aa.....ʒ ss
Mucilag. sem. lini.....ʒ iv.
M. Sig. One dessertspoonful three times a day.—*Med. World.*

Paper for Taking Out Ink Stains.—This is a thick blotting paper, soaked in a saturated solution of oxalic acid and dried. When this is laid upon a fresh blot, it removes it and does not leave a stain. The poisonous character of this paper should not be forgotten.—*National Druggist.*

Ginger Ale Easily Made.—

℞ Brown sugar.....lb ij
Boiling water.....cong. ij
Cream of tartar.....ʒ j
Bruised ginger root.....ʒ ij.

Infuse the ginger in boiling water; add your sugar and cream of tartar; when lukewarm, strain; then add ½ pint good yeast; let it stand all night, then bottle. If you desire, you can add 1 lemon and the white of an egg to fine it.—*Scientific American.*

White's Cough Syrup:—

℞. Syr. tolu.....2 ozs.
Syr. squills comp.....6 ozs.
Syr. ipecac.....1 oz.
Glycerin.....4 ozs.
Tint. lobelia.....6 ozs.
Tinct. opium camph.....6 ozs.
Extr. pilocarpus fl.....2 ozs.
Ammonium chlorid.....1 oz.

M. Take a teaspoonful three times during the day, and every hour or two before going to bed.—*Medical Age.*

Lusk's Aperient Pills:

℞. Ext. aloes socot.....℈i.
Pulv. rhæi.....gr. x.
Ext. nuc. vom.....gr. x.
Ext. tarax.....℥ss.

M. Fiant pil. No. XX. S. One before meals.—*Western Med. Reporter.*

Lotion for Dandruff:

℞. Tinct. capsic.....2 p.
Glyc.....8 p.
Cologne.....2 p.
Aq.....25 p.

M. S. Apply, by means of a sponge, to the scalp, every day. —*Western Medical Reporter.*

Dr. Sabonblene's Benzoated Ptisan.—In renal and vesical affections when the urine is turbid or muddy, Dr. S. uses with the greatest benefit:

℞. Benzoic acid.....15 to 30 grs.
Aromatic distilled water.....2 ozs.
Sugar.....4 ozs.
Water q. s. ad.....32 ozs.

M. Drink freely.—*Medical Age.*

Coryza.—Robinson (*Western Medical Reporter*) recommends the following:

℞. Pulv. belladon.....gr. xx
Pulv. morph. sulph.....gr. ii.
Gum acac. *ad*.....℥ss.

M. This is used freely as a snuff during the day.

Remedy Against Distressing and Fatiguing Coughs.—Take one ounce and a half or two ounces of pure glycerine and evaporate in a porcelain capsule, by means of a spirit lamp. An enormous amount of vapor is disengaged, which inhaled, brings relief to persistent coughs.—*Revue Medicale.*

EDITORIALS AND MISCELLANEOUS.

☞ **Notice.**--- Subscribers in arrears are requested to remit their dues at once. Please take due notice and govern yourselves accordingly.

EDITORIAL NOTICES.

THE case of cerebro-spinal meningitis reported by Prof. Gaston in this number of the Journal terminated favorably. The concluding part of the article came in after we had gone to press, and will be published in our next.

R. L. POLK & Co., Publishers, Detroit, Mich., give notice that they are preparing to publish a *Medical and Surgical Dictionary* of the United States. It will contain a list of the Physicians in each State and Territory, information as to population, health, mortuary statistics, summary of state medical laws, list of medical journals, names of editors, medical colleges, hospitals, asylums, and much other information of interest to the medical Profession.

DEATH OF DR. JNO. H. LOGAN.—Dr. Logan, Professor of Chemistry in the Atlanta Medical College, died in this city on March 29th, 1885, of pulmonary disease, aged 65.

Professor Logan was a native of South Carolina. He did efficient service in the late war, both as a private soldier and in the medical department. Since the war, he resided in Alabama and in Georgia. He was elected to the Chair of Chemistry in Oglethorpe University and, subsequently, to the same chair in the Medical College of Atlanta. He was a man of ability as a teacher and writer, and an upright Christian gentleman.

THE TRANSACTIONS OF THE MEDICAL ASSOCIATION OF GEORGIA.

It will be seen by reference to the abstract of the late proceedings of the Association at Savannah that the Transactions are hereafter to be published in the Atlanta Medical Journal of this city. The only ground which appears to be offered for this action is the "*lack of funds*," which means that the members declined to pay their dues, which amounted to the sum of $3.00 per annum for each member. Of this, enough could not be collected to publish the Transactions in separate form; and yet the Secretary, who runs a medical Journal, and who is also Chairman of the Publication Committee, proposes to publish the Transactions in his Journal at $2.00 per member, each member to receive his Journal by paying him $2.00. This, at first sight, appears to be one-third less than it has heretofore cost; but, as there are 268 members, it really binds the society to the extent of $2.00 for each member, or the sum of $536.00, an amount exceeding that which was expended on the last volume of the Transactions.

Complaint is made of the nonpayment of dues and the necessity of procuring advertisements to supplement the receipts. The question as to *the cause*

of the great indifference of the members in the matter of paying their dues seems not to have been thought of. Nor did they consider the impropriety and unfairness of giving the influence and strength of the Association to one journal when there was another prominent journal in the State, the friends of which would have cause to be offended, thus jeopardizing the harmony of the Profession in the State.

We will add that it is regarded by many of the true friends of the Profession throughout the State as unfortunate and unwise, as it is likely to spring a question as to the underlying motives that prompted it, and lead to trouble in our ranks.

The editors of this Journal, it is well known, have always been true to the Profession, to the ethics and the principles of right and justice. It is true we have not scrupled to speak the truth, or to condemn the wrong when it was necessary; and, though we have a large circulation and numerous friends throughout the State and the South, we never would have presumed to ask such a thing of the Association as has been done in this instance, feeling, as we do, that such action would have placed us and the Society in an unfavorable attitude, and jeopardized the best interests of our State Association.

Thus much we have felt it a duty to say as Journalists. As defenders of the "honor and good of the Profession," we are willing to discuss, in an unprejudiced and fair manner, the action referred to, and we distinctly aver that, in what we have said, we do not impugn the Association at large or the members who innocently supported this action: but it is for the defense of the members and the honor of the Profession that we have spoken. We feel assured our impressions on this matter are correct, and that our views will be sustained by unprejudiced minds in the Profession everywhere.

AMERICAN MEDICAL ASSOCIATION.

Our senior editor attended the late meeting of the above national medical body, and did himself the pleasure of mingling socially with the representative medical men of the country. There were about six hundred delegates present, and though the attractions of the great Exposition were calculated to divert the attention of delegates in some degree, yet there was a fair attendance upon the sittings and many interesting papers were presented.

The opening prayer was made by the distinguished Presbyterian divine, Dr. Palmer, and the address of welcome by Dr. Logan, of the City of New Orleans, in a most impressive and cordial manner.

Dr. Campbell's address was excellent and was well received.

In our next we will, perhaps, speak more fully of our trip and what we saw in the Crescent City.

OFFICERS OF THE AMERICAN MEDICAL ASSOCIATION FOR NEXT YEAR.

President—William Brodie, M.D., of Michigan.
1st Vice-President—Samuel Logan, M.D., of Louisiana.
2d Vice-President—A. Y. P. Garnet, M.D., of District of Columbia.
3d Vice President—Charles Alexander, M.D., of Wisconsin.
4th Vice-President—W. F. Peck, M.D., of Iowa.
Permanent Secretary—W. B. Atkinson, M.D., of Pennsylvania.
Treasurer—R. J. Dunglison, Pennsylvania.
Librarian—C. H. A. Kleinschmidt, M.D., of District of Columbia.

MEDICAL ASSOCIATION OF GEORGIA.

The Association met in Savannah, Georgia, on the 15th of April.

Addresses of welcome were delivered by Dr. W. H. Elliott and Major Lester, of Savannah. Dr. Holmes, of Rome, responded on behalf of the Association.

The meeting was not so largely attended as usual. There were about fifty members present at the opening.

Dr. A. W. Calhoun introduced President Eugene Foster, who delivered the Annual Address.

The Committee on Expert Testimony and Anatomical Material failed to report, but the Secretary stated, at their request, that the bills were in the hands of a committee of the Legislature, which had reported favorably upon them.

The Committee on Publication reported that they had found difficulty in publishing the Transactions for the want of funds. Three hundred and fifty copies had been published at a cost of five hundred and ninety-nine dollars and sixty-four cents. Only two hundred and fifty-three dollars in dues had been collected, which amount had been supplemented, by advertisements and sales of Transactions, to a sum amounting to four hundred and seventy-three dollars. A committee was appointed to consider the question of having the Transactions published in *journal form*, or, rather, to consider a proposition by Dr. Gray, the Secretary, and the Editor of the Atlanta Medical Journal, to publish the Transactions in that journal. The committee was composed of the following names: Drs. T. J. Charlton, W. B. Parks, S. B. Hawkins, W. B. Cheatham, L. B. Alexander, T. M. Holmes, J. J. Hill, L. G. Hardman, E. C. Goodrich. They reported as follows:

"The committee recommend that the Association accept the proposition of the Atlanta Medical and Surgical Journal, viz.: The Atlanta Journal proposes to publish the Transactions in the Journal for one year, furnish each member with the Journal and pay all expenses of the Secretary and Treasurer's offices (except their expenses to and from the meetings) for $2.00 per member. We also recommend that the members shall not receive the Journal until their dues are paid in full."

The following are the officers and members of committees for the ensuing year:

President—R. J. Nunn, Savannah.

First Vice-President—L. B. Alexander, Forsyth.

Second Vice-President, T. F. Walker, Cochran.

Censor—E. H. Richardson, Cedartown.

Committee on Publication—James A. Gray, E. C. Goodrich, Robt. Battey, H. V. M. Miller, W. D. Bizzell, J. P. Logan.

Committee on Necrology—K. P. Moore, A. G. Whitehead, G. W. Holmes, J. S. Todd.

Committee on Prize Essays—R. J. Nunn, Robt. Battey, W. A. Love, H. F. Campbell, Eugene Foster.

Committee of Arrangements—E. C. Goodrich, J. M. Hull, C. W. Hickman, Eugene Foster, W. H. Doughty, jr., T. R. Wright.

SECTIONS—FIRST DISTRICT.

Practice—W. Duncan, K. A. Quarterman, J. J. Waring.

Surgery—W. H. Elliott, R. G. Norton, G. H. Stone.

Gynecology—R. B. Harris, E. W. Lane, J. Weichselbaum.

SECOND DISTRICT.

Practice—T. A. Chappell, W. B. Cheatham, L. B. Bouchelle.
Surgery—T. M. McIntosh, W. S. Wood, J. G. Hopkins.
Gynecology—A. E. Taylor, B. R. Doster, P. S. Hilsman.

THIRD DISTRICT.

Practice—A. A. Smith, Chas. Hicks, E. K. Bozeman.
Surgery—S. B. Hawkins, J. D. Herman, A. K. Taylor.
Gynecology—T. F. Walker, J. F. Fielder, R. O. Ingram.

FOURTH DISTRICT.

Practice—C. D. Smith, W. A. Pool, W. W. Fitts.
Surgery—J. T. Slaughter, J. A. Beasly, J. F. Cole.
Gynecology—A. W. Griggs, Geo. B. Grimes, Paul Faver.

FIFTH DISTRICT.

Practice—W. S. Elkin, W. H. Pool, Henry Gaither.
Surgery—James A. Gray, W. B. Parks, R. H. Taylor.
Gynecology—W. A. Love, J. McF. Gaston, T. S. Powell.

SIXTH DISTRICT.

Practice—C. H. Hall, J. C. Solomon, W. O'Daniel.
Surgery—Lewis Harris, H. McHatton, A. J. Williams.
Gynecology—K. P. Moore, T. O. Powell, L. B. Alexander.

SEVENTH DISTRICT.

Practice—T. M. Holmes, W. S. Kendrick, F. R. Calhoun.
Surgery—W. B. Wells, J. R. S. Holmes, E. H. Richardson.
Gynecology—Robert Battey, J. W. Clements, C. P. Gordon.

EIGHTH DISTRICT.

Practice—J. J. Hill, A. A. Bell, J. C. Pope.
Surgery—S. C. Benedict, E. D. Alfriend, R. B. Nisbet.
Gynecology—John Gerdine, A. Moody Burt, G. W. Mulligan.

NINTH DISTRICT.

Practice—J. B. Pendergrass, J. H. Goss.
Surgery—L. G. Hardman, W. J. Bush, R. L. Harris.
Gynecology—J. W. Bailey, W. A. Watson.

TENTH DISTRICT.

Practice—S. D. Brantley, A. H. Baker, J. M. Kelly.
Surgery—DeSaussure Ford, T. R. Wright, M. G. Hatch.
Gynecology—H. F. Campbell, W. H. Doughty, A. G. Whitehead.

The next meeting of the Association will be held on the 3d Wednesday in April, 1886, at Augusta, Ga.

BOOKS AND PAMPHLETS RECEIVED.

Mind Reading and Beyond, by Wm. A. Hovey. Boston: Lee & Shepard. New York: Charles T. Dillingham.

A work of two hundred pages, cloth, neatly printed, and with many illustrations, designed to show that impressions may be made upon the mind of one man by another. The most successful experiments given are in cases where a

large number of persons concentrated their thoughts upon a single purpose, willing the party to do a particular thing, or to see, mentally, a particular object, or to draw upon a blackboard a picture of the object which was impressed upon the mind.

The experiments appear to be fairly given, and, while many failures occur, enough is shown to establish the fact that, under favorable conditions, a passive and susceptible subject *can be impressed* so as to perceive and reproduce the thoughts of another.

A Practical Treatise on Diseases of Children, by Eustace Smith, M.D., Fellow of the Royal College of Physicians, Physician to His Majesty the King of the Belgians, Physician to the East London Children's Hospital and to the Victoria Park Hospital for Diseases of the Chest. New York: Wm. Wood & Co., 56 LaFayette Place.

The above work is of very recent issue, is well and neatly published, and contains 844 large octavo pages. It is more full and satisfactory than any work yet issued in the department of Children's diseases.

The opportunities of the author for studying these diseases have been of a superior order, and that through a period of more than twnety years He speaks largely from a clinical standpoint, and is to be the more relied upon. He has not confined himself wholly to the class of diseases which are specially peculiar to childhood, but has included many forms of illness which are capable of being influenced or modified by early age. He claims to have omitted nothing of real value to the practitioner in connection with the diseases of children. We recommend the work as eminently worthy of a place in the library of every physician.

Notes from the Physiological Laboratory of the University of Pennsylvania, Edited by N. A. Randolph, M.D., Assistant Demonstrator of Physiology in the University of Pennsylvania; Fellow of the College of Physicians of Philadelphia; Member of the American Philosophical Society of the Assembly of Natural Sciences of Philadelphia, etc., etc., and by Samuel G. Dixon, Assistant Demonstrator of Physiology at the University of Pennsylvania. Printed by J. B. Lippincott & Company: Philadelphia, 1885.

A small work of 88 pages, containing "brief records of facts of interest brought to light in the course of physiological study." The facts disclosed in this little work evince much care and scientific accuracy, and will prove both interesting and useful, especially to the physiologist and the progressive practitioner.

A Text Book of Practical Medicine, Designed for the Use of Students and Practitioners of Medicine, by Alfred L. Loomis, M.D., L.L.D., Professor of Pathology and Practical Medicine in the Medical Department of the University of the City of New York, Visiting Physician to Bellevue Hospital, etc., with Two Hundred and Eleven Illustrations. New York: Wm. Wood & Co., 1884.

The above is a large work on practice, containing eleven hundred pages, neatly bound in cloth and printed in plain, excellent type. The author states that the work is "practically a revision and an elaboration of lectures given during the past eighteen years in the Medical Department of the University of New York.

The work, while containing information which must prove of wide and extensive application, is more especially adapted to American physicians. It is practical and well illustrates the practice in this country.

The illustrations are well designed, and add to the interest and usefulness of the work.

RECEIPTED.

1883.—W. A. Dobbs; T. L. Gibson.
1884.—J. B. Bailey. Joseph Jones to July, E. Y. Flemming, W. D. Hunt, W. H. Pool, J. A. Ardry to November, W. B. Thomasson.
For 1885.—J. B. Burwick, W. H. Wilson to July, W. A. Shands, R. J. Talbert, J. H. Jennings, J. H. Boggans, Jno. G. Steed to May, J. F. Alexander, A. H. Smith to June, J. M. Bearden, A. D. Coleman, *A. Loveman, P. Simpson, Julius Butler, R. D. Selman, J. R. Rallston, P. P, Miller, G. J. Sloan, Thos. Law. Jas. G. Rush, W. T. Wilson, M. A. Chandler, R. C. Woodburry, T. A. Christian, James Baldy.*

SPECIAL NOTICES.

Disinfectants.—The enterprising house of Parke, Davis & Co., Detroit, are now offering to the Profession and the public a number of Disinfectant preparations for use in the household, hospitals and where Disinfectants are needed. They are comparatively inexpensive, easy to manipulate, and may be applied by any person of ordinary intelligence. Among these excellent preparations are Antiseptic Liquids, Powders and Tablets, Disinfectant Tablets and Powders for excreta, etc. Also, a concentrated Disinfectant Solution for clothing, excreta, etc. Also, Solution of Chlorinated Soda, Sulphur Pastilles, and a Disinfectant Lamp which, in burning, diffuses a disinfectant vapor through the air. See advertisement on 4th cover page.

The Popular Science Monthly for March is a very interesting number. It is justly regarded as the leading journal of its kind in the United States. It deals with both practical and theoretical subjects of science, and has wide and growing popularity with the most advanced and profound thinkers everywhere.
Published by D. Appleton and Co., Nos. 1, 3 and 5 Bond Street, New York City, at $5.00 per annum.

Parvules.—Among the improvements and conveniences of modern pharmacy must be classed the PARVULES of that excellent and reliable Drug House of William R. Warner & Co., of Philadelphia. They have proven especially acceptable to the busy practitioner, in that he is enabled to grade the dose to any desirable quantity suited to any age. Being exceedingly small, and sugar-coated, children will usually take them without trouble; and, in the case of nervous and delicate females, and all that class of fastidious persons, who are so apt to take up with homœopathic methods, the PARVULES meet with ready acceptance. It is evident, from the certainty and efficiency of their action, that the PARVULES are prepared with great care, and of the very best materials.

SEVEN SPRINGS IRON-ALUM MASS.—This excellent remedy is meeting with special favor wherever it has been used. Of its efficiency and importance in the treatment of certain classes and conditions of diseases there can be no doubt. Every physician of experience knows something of the difficulties, as represented in the advertisement on 1st page, and, as there are no lack of such patients, we bespeak for the "IRON-ALUM MASS" a large demand.

Atlanta Surgical Infirmary for males and females, with all the requisite appliances, and having competent attendants and trained nurses, No. 107 Marietta street, Atlanta, Ga., under the direction of J. McF. Gaston, M. D., Professor of Principles and Practice of Surgery in the Southern Medical College.

Stigmata Maidis.—Corn-silk is a new remedy from the fact of the comparatively recent discovery of its properties as an emollient, antiseptic, and diuretic. Under its lenitive action the inflamed surface of the genito-urinary tract, and more particularly, perhaps, of the bladder, as in vesical catarrh, is soothed, and the decomposition of urea into the irritant ammonia salts is checked. The flow of the urine is at the same time augmented, and thus we have a combination of the very effects which an intelligent comprehension of a case of vesical irritation would seem to dictate on the part of the therapeutist. Messrs. Parke, Davis & Co., who were the first to place a preparation of stigmata maidis before the profession of this country, with the return of the season have laid in a large supply of the drug in anticipation of a continuance of its popularity.

Sturgeon, Mo., April 19th, 1884.
Have used **Tongaline** in many cases of rheumatism with marked success. The most important one was that of a patient, age fifty-one, who has been a sufferer of that disease for forty years. In one of his severe attacks I prescribed TONGALINE, and upon the fifth day he was able to be out, and also to attend to his business. Have given TONGALINE a fair and impartial trial, and think it the best remedy I have ever found for rheumatism.
B. F. DAVIS, M. D.

Dr. J. S. Pemberton & Co., Drug and Chemical Brokers and Manufacturers' Agents, Atlanta, Ga. Drug stores bought and sold. Physicians bills and orders a specialty. Send for prices. Correspondence solicited.

Battle & Co., Chemists, St. Louis.—This is a splendid House. Their preparations possess real merit, and are growing in popularity with the Profession everywhere. They are live men, energetic and reliable in their dealings, and prompt in business transactions. They keep an advertisement in this Journal, which our readers are invited to examine carefully, and we doubt not they will be both interested and profited thereby.